

Docket No.: Q 19840

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A DEIDE SIKING EDEMENT	HAVING AT LEAS	T ONE BEARING ZO	NE, A DRILL	
STRING, AND A TOOL JOI	NT			
the application of which is attached hereto	as Unite Number	nation No.	, 2004 or PCT International), and was amended pplicable).	••
I hereby state that I have reviewed and un by any amendment specifically referred to		e above identified application	, including the claims	s, as amended
I acknowledge the duty to disclose inficontinuation-in-part application(s), materia the national or PCT international filing date	al information which becam	ne available between the filin		
I hereby claim foreign priority under 35 U breeder's rights certificate(s), or 365(a) of United States of America, listed below ar inventor's or plant breeder's rights certification on which priority is claimed.	any PCT international app nd have also identified belo	lication(s) which designated ow, by checking the box, any	at least one country of foreign application(other than the (s) for patent,
Prior Application Number(s)	Country	Filing Date	Priority Clai Yes	imed No
Prior Application Number(s) 03 02096	Country FRANCE	Filing Date 20-02-2003		
03 02096 I hereby claim benefit under 35 United Sta	FRANCE	20-02-2003	Yes X ation(s) listed below.	No
03 02096 I hereby claim benefit under 35 United Sta	tes Code §119(e) of any Un tion Number(s) States Code §120 of any Un es, listed below and, insofar s or PCT International applie e my duty to disclose any	ited States provisional application (s) or as the subject matter of each faction in the manner provide information material to the	Yes X ation(s) listed below. §365(c) of any PCT of the claims of this d by the first paragrap patentability of this a	International application is oh of Title 35 application as
I hereby claim benefit under 35 United States Applicate I hereby claim benefit under 35 United States Application(s) designating the United States not disclosed in a listed prior United States United States Code, §112, I acknowledge defined in 37 C.F.R. 1.56 which occurred	tes Code §119(e) of any Un tion Number(s) States Code §120 of any Un tes, listed below and, insofar s or PCT International appli e my duty to disclose any between the filing date of t	ited States provisional application (s) or as the subject matter of each faction in the manner provide information material to the	Yes X ation(s) listed below. §365(c) of any PCT of the claims of this d by the first paragrap patentability of this a	International application is oh of Title 35 application as

my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

washington office 23373

CUSTOMER NUMBER

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

[Page 1 of ___]

NAME OF SOLE OR FIRST INVENTOR:						
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Inventor's Signature			Date	· · · · · · · · · · · · · · · · · · ·		
Residence: City	State	Country		Citizenship		
Mailing Address:			Т			
City	State	Zip		Country		
NAME OF THIRD INVENTOR:						
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City	State	Zip		Country		
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Given Name (first and middle [if any])	Family Name or Surname					
Inventor's Signature		Date				
Residence: City	State	Country		Citizenship		
Mailing Address:						
City	State	Zip		Country		